

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90034 011 ***150.00

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01102005 Chg-P CR2E034 (10/03)

DOCUMENT # P93000069942							
1. Entity Name HAMPTON CHRYSLER DODGE & JEEP, INC.							
Principal Place of Business 202 WEST SUGARLAND HIGHWAY CLEWISTON, FL 33440			Mailing Address 202 WEST SUGARLAND HIGHWAY CLEWISTON, FL 33440				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 56-2408769			
Applied For		Not Applicable					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
HAMPTON, DENNIS 202 WEST SUGARLAND HIGHWAY CLEWISTON, FL 33440			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAMPTON, TONYA		NAME				
STREET ADDRESS	202 WEST SUGARLAND HIGHWAY		STREET ADDRESS				
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAMPTON, TONYA		NAME				
STREET ADDRESS	202 WEST SUGARLAND HIGHWAY		STREET ADDRESS				
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HAMPTON, DENNIS		NAME				
STREET ADDRESS	202 WEST SUGARLAND HIGHWAY		STREET ADDRESS				
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <i>Dennis Hampton</i>		Date: 1-14-05		Daytime Phone #: 239-274-0553			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							